

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 100

### Complete if Known

Application Number	10/672,396
Filing Date	September 26, 2003
First Named Inventor	Santi, Daniel V.
Examiner Name	Unassigned
Art Unit	1646
Attorney Docket No.	020547-003610US

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Small Entity		SEARCH FEES Small Entity		EXAMINATION FEES Small Entity		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
68	-20 or HP = 4	x \$25	= \$100			

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
18	-3 or HP = 0	x \$100	= \$0

HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

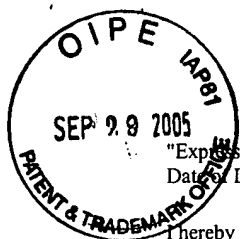
#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,429	Telephone 650-326-2400
Name (Print/Type)	Randolph Ted Apple		Date 09/29/2005



"Express Mail" Label No. EV 529 869 511 US

Date of Deposit September 29, 2005

I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to:

By: Susan Jensen  
Susan Jensen

PATENT

Attorney Docket No.: 020547-003610US

Client Ref. No.: 010070.01

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Santi et al.

Application No.: 10/672,396

Filed: September 26, 2003

For: SYNTHETIC GENES

Customer No.: 20350

Confirmation No. 9173

Examiner: Unassigned

Technology Center/Art Unit: 1646

PRELIMINARY AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Prior to examination of the above-referenced application, Applicants request entry of the following amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 19 of this paper.

10/04/2005 HLE333 00000132 201430 10672396

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